

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Facebook, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2019		
Mailing Address 1 Hacker Way			Amount 8650.00		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.13543		
Purpose of Expenditure Digital ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 02 / 2019		
Name of Federal Candidate PERRY, JOAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee i360			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2019		
Mailing Address P.O. Box 37046			Amount 1350.00		
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.13547		
Purpose of Expenditure digital ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 02 / 2019		
Name of Federal Candidate PERRY, JOAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 04 / 2019

Signature

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	

Full Name of Payee LCX.com, LLC		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>04 / 02 / 2019</div> </div>	
Mailing Address 2173 Salk Avenue Suite 250		Amount <div> <div></div> <div>12125.00</div> </div>	
City Carlsbad	State CA	Zip Code 92008	Transaction ID : SE.13545
Purpose of Expenditure Digital ads	Category/ Type	004	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>04 / 02 / 2019</div> </div>
Name of Federal Candidate PERRY, JOAN, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> General State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>20775.00</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	12125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	22125.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Signature

Date _____